U.S. Department of Labor Office of Labor-Маладетеnt Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

Labor Organization File Number 009-324 P.O. Box, Bldg., Room No., if any Street 151 Forge Road City PHILADELPHIA State New Jersey ZIP Code + 4 08075 State Pennsylvania ZIP Code + 4 19154 President Enter appropriate data below if, during the past fiscal year, you or your spouse or minor chird directly or indirectly had any of the following interests (except as spoified in the exclusions set forth in the instructions): Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of nonetary value from an employer whose employees your organization represents or is actively seeking to represent. Name and address of Employer (including trade name, if any). Answer 7.a. Nature of Interest, Transaction, or Income.	Labor Organization File Number 009-324 P.O. Box, Bidg., Room No., if any Street 151 Forge Road City Delran City PHILADELPHIA State New Jersey ZIP Code + 4 08075 State Pennsylvania ZIP Code + 4 19154 President Enter appropriate data below If, during the past fiscal year, you or your spouse or minor chird directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of nonetary value from an employer whose employees your organization represents or is actively seeking to represent. Name and address of Employer (including trade name, if any). Name 7.a. Nature of Interest, Transaction, or Income. Trade Name, if any: P.O. Box, Bidg., Room No., if any 7.b. Amount.	Labor Organization for P.O. Box, Bidg., Room No., if any Street 151 Forge Road Street 12298 TO City Delran City PHILADEL: State New Jersey ZIP Code + 4 08075 State Pennsylve 5. Position in labor organization. President Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child direct (except as specified in the exclusions set forth in the instance of the content of the past fiscal year, you or your spouse or minor child direct (except as specified in the exclusions set forth in the instance of the content of the past fiscal year, you or your spouse or minor child direct (except as specified in the exclusions set forth in the instance of the past fiscal year, you or your spouse or minor child direct (except as specified in the exclusions set forth in the instance of the past fiscal year, you or your spouse or minor child direct (except as specified in the exclusions set forth in the instance of the past fiscal year, you or your spouse or minor child direct (except as specified in the exclusions set forth in the instance of the past fiscal year, you or your spouse or minor child direct (except as specified in the exclusions set forth in the instance of the past fiscal year, you or your spouse or minor child direct (except as specified in the exclusions set forth in the instance of the past fiscal year, you or your spouse or minor child direct (except as specified in the exclusions set forth in the instance of the past fiscal year, you or your spouse or minor child direct (except as a past fiscal year, you or your spouse or minor child direct (except as a past fiscal year, you or your spouse or minor child direct (except as a past fiscal year, you or your spouse or minor child direct (except as a past fiscal year, you or your spouse or minor child direct (except as a past fiscal year, you or your spouse or minor child direct (except as a past fiscal year, you or your spouse or minor child direct (except as a past fiscal year, you or your spouse or minor child direct (excep	on File Number 009-324 g and Room Number, if any	
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8. Name and address of Business (including trade name, if any). Name Jennings & Sigmond, P.C. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 510 WALNUT STREET, 16TH FLOOR City PHILADELPHIA State Pennsylvania ZIP Code + 4 19106 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: X a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. The law firm provides representation to the Local Union in the normal course of operations.
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$38,457 12.a. Nature of interest held or income received. The law firm provided gift cards to some members of the Executive Board as holiday gifts.
	12.b. Amount. \$100
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Teamsters Local 830 Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 12298 Townsend Road City PHILADELPHIA State Pennsylvania ZIP Code + 4 19154	14.a. Nature of payment. The trust fund, of which I am a Trustee, reimbursed me for the cost of study materials and exams in connection with the pursuit of the Certified Employee Benefit Specialist designation.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$1,319